GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, September 18, 2018
9:30 a.m. – 3:00 p.m.

Location: Department of Health Care Services (DHCS)
1700 K Street, 1st Floor Conference Room
Sacramento, CA 95814

Topic	Discussion
1) CALL TO ORDER/ WELCOME/ INTRODUCTION	• The Global Medi-Cal Drug Use Review Board (the "Board") members and meeting attendees introduced themselves. • Pauline Chan, RPh (DHCS) gave a special introduction to Ivana Thompson, PharmD, who is the new Chief of the Pharmacy Operations Branch at DHCS. Ms. Chan let the group know that Dr. Thompson had prior experience with the DUR Board, as a former DUR pharmacist. • Board members present: Drs. Timothy Albertson, Michael Blatt, Chris Chan, Lakshmi Dhanvanthari, Stan Leung, Johanna Liu, Janeen McBride, Yana Paulson, Randall Stafford, Marilyn Stebbins, Andrew Wong, Iris Young, and Vic Walker. • Board members absent: Drs. Jose Dryjanski, Robert Mowers, and Ramiro Zuniga. • Additional DHCS staff present included Mike Wofford, PharmD, Dorothy Uzoh, PharmD, Paul Nguyen, PharmD, Paul Pontrelli, PharmD, Marco Gonzales, PharmD, and Orlanda Bratlien. • Representatives present from other Medi-Cal managed care plans (MCPs) included Matthew Garrett, PharmD (Health Plan of San Joaquin), Kristen Tokunaga, PharmD, BCGP (Health Plan of San Joaquin), Lisa Ghotbi, PharmD (San Francisco Health Plan), Jessica Shost, PharmD (San Francisco Health Plan), Helen Lee, PharmD, MBA (Alameda Alliance for Health), and Adam Horn (CenCal Health). • The Chair of the Board, Dr. Andrew Wong, called the meeting to order. • Dr. Wong stated that he is viewing an electronic copy of the agenda and packet in order to follow the agenda and attachments being presented. He explained that any Board members using personal computing devices during the meeting are viewing the same materials provided to the public. This statement is required by Open Meeting rules.

2) REVIEW AND APPROVAL OF MINUTES FROM MAY 22, 2018 AND PROPOSED MEETING GROUND RULES	The Board reviewed the minutes from the Board meeting held on May 22, 2018. Dr. Wong stated he had a few minor edits. Dr. Albertson motioned that the minutes be approved with Dr. Wong's edits. The motion was seconded. There was no discussion. The Board voted unanimously to approve the minutes. **AYE:** Albertson, Blatt, Chan, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young **NAY:** None **ABSTAIN:** None **ABSENT:** Dhanvanthari, Dryjanski, Mowers, Zuniga **ACTION ITEM**: Incorporate Dr. Wong's edits into the May 22, 2018 minutes and post to the DUR website.

	Dr. Wong then proposed Board meeting ground rules to the Board for their review and consideration. The proposed meeting ground rules include: • Be familiar with the Bagley-Keene Open Meeting Act • Be familiar with Robert's Rules of Order • Be courteous, respectful, and open minded of other's comments • Be prepared by reviewing materials and downloading documents on PC/tablet in advance Dr. Wong explained that if approved, these rules would be reviewed at the beginning of each Board meeting and would be included in the Board Member Orientation Manual. He stated that they are subject to revision, as needed. Dr. McBride suggested that the Board follow Robert's Rules of Order more closely and conduct discussion on a motion, not on the presentation. Dr. Stafford also suggested clarifying the role of public comment during the Board meetings. Ms. Chan stated that according to the DUR by-laws, there is 5-10 minutes allowed for public comment at the end of the session at the podium with an open microphone available. Dr. Ghotbi asked for the Board to consider public comment before voting on motions, especially from MCP representatives if the motion will have an impact on MCPs. Dr. Wong agreed he would like to hear from plan representatives before votes and asked how the Board could get comments from MCPs. Ms. Chan stated that there is a podium available for MCP representatives to comment during the meeting and, in addition, the webinar is open for comments from MCP representatives attending via webinar. Dr. Wong proposed changing the title from meeting ground rules to general meeting guidelines. Dr. Stafford motioned to approve with the title change suggested by Dr. Wong. The motion was seconded. There was no further discussion. The Board voted unanimously to approve the general meeting guidelines. **AYE:** Albertson, Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young **NAY:** None **ABSTAIN:** None **ABSENT:** Dryjanski, Mowers, Zuniga **ACTION ITEM**: The DUR Board recommendation to approve the Global Medi-Cal DUR Board General Meeting Guidelines will be submitted to DHCS.

3) OLD BUSINESS	**a.** Review of Action Items from Previous Board Meeting: i. Automatic Refill Policy – to be discussed today ii. FFY2017 DUR Annual Report – submitted May 30, 2018 iii. FFY2018 DUR Annual Report Companion Guide/FAQ – to be discussed today iv. Priority Order of Prospective DUR Alerts – to be discussed today v. CCS/GHPP Drug Utilization Review – to be discussed today vi. Pharmacy Reimbursement Policy – to be discussed today vii. DUR Educational Bulletin: Naloxone – approved as topic; added to the queue viii. 2018 – 2019 Board Priorities – to be discussed today ix. DUR Educational Outreach to Pharmacies: NRT – to be discussed today x. DUR Educational Outreach to Providers: Opioids – to be discussed today **b.** Recommended Action Items for MCPs – Ms. Chan presented the action items for MCPs from the Board meeting on May 22, 2018.

4) NEW BUSINESS	**a.** Global DUR Board Activities i. DUR Priorities: Survey Results Before voting on top priorities, Dr. Wong reviewed the DUR topics that were proposed at the last meeting. Dr. Stebbins had concern that some of the topics are outside the

purview of the Board and stated that we should not set priorities for things we cannot achieve. Dr. Wong suggested these topics might help convey what is important to the Board within the context of the DHCS quality initiatives. Dr. Stebbins questioned how these priorities might impact the Board goals.

Ms. Chan stated that the Global Medi-Cal DUR Board was, in part, created for DHCS to learn what the MCPs are working on and what they viewed as priorities. She stated that DHCS would like to embrace what is important to the health plans and speak on issues relevant to the entire Medi-Cal population.

Dr. Ghotbi noted that she reviewed the materials in advance, and it appears the survey has already been conducted and results have been posted. She wondered if new priorities were being discussed. Ms. Chan replied that the survey had already been conducted and results had already been tabulated, with these results included in the posted packet. A review of the Bagley-Keene Open Meeting Act was conducted after the packet had posted, and it was determined that all voting by the Board needs to take place during public meetings and not outside the meeting.

Dr. Stafford stated that he is coming from the priority process from a different perspective. He stated that as a primary care provider and academic researcher, he feels that topics of priority should be relevant to the physicians providing care. As his exposure to DUR issues comes entirely through disease management, he sees disease management as relevant to drug utilization. He noted that academic research suggests ways that the system isn't working, with recognition of this requiring alignment of this group with other efforts and aligning the physician population with the DUR program.

Dr. Wong asked for more information on topics that Dr. Stebbins thought did not fit with the mission of the DUR program. Dr. Stebbins gave examples, including how intravenous acetaminophen in the hospital is not an outpatient drug and not all plans have beneficiaries enrolled in CCS. She also stated that specialty pharmacy might fit differently for each plan, and that value-based purchasing and Car-T may also be outside the scope of DUR. Dr. Wong agreed that many of the topics she mentioned could be excluded. Dr. Young stated that the discussion last time addressed intravenous administration of acetaminophen. Dr. Stebbins wondered if inpatient therapy was an issue for plans that are not in an integrated system.

Dr. Albertson stated that we've addressed some of these topics already on the fringes, such as asthma and we could/should look at hypertension and diabetes. He proposed developing some general issues and addressing them globally. He noted some topics couldn't be evaluated with our current data, such as incentives for e-prescribing.

Dr. Stafford suggested that these topics could be clustered into related issues, with distinct clusters that may be of interest to specific groups. Dr. Wong agreed to help consolidate topics into clusters.

Dr. Stafford motioned to table the discussion at this time and consolidate topics for additional review in the afternoon. The motion was seconded. There was no further discussion and the motion passed.

After the lunch break, Dr. Wong and Dr. Stafford presented the slides they worked on with the topics clustered into groups. The four clusters included the following:

- Optimizing Drug Prescribing and Dispensing
- Optimizing Pain Management and Opioids
- Optimizing Chronic Disease Management
- Optimizing Biologics, Specialty Drugs and Cost-effective Care

Dr. Wong suggested each Board member vote for their top two topic clusters. Dr. Wong read the title of each topic cluster and the Board members raised their hand to vote for their top two clusters.

Summary of Board member votes:

- Optimizing Drug Prescribing and Dispensing = 7 votes
- Optimizing Pain Management and Opioids = 6 votes
- Optimizing Chronic Disease Management = 6 votes
- Optimizing Biologics, Specialty Drugs and Cost-effective Care = 7 votes

Dr. Wong suggested that due to time constraints, this topic might need to be revisited at the next Board meeting in November 2018. A motion was made to reassess the DUR Board priorities at the November 2018 DUR Board meeting. The motion was seconded. There was no further discussion. The motion passed.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Dryjanski, Mowers, Zuniga

ACTION ITEM: The DUR Board recommendation to reassess the DUR Board priorities at the November 2018 DUR Board meeting will be submitted to DHCS.

ii. Automatic Refill

Ms. Chan asked Dr. Wofford to provide background behind the proposed automatic refill policy. While he is aware of potential fraud and abuse of medications that may result from automatic refills, staff has been directed to always consider the patient first. Potential fraud and fiscal impact are secondary to the patient. The Medi-Cal population is huge and many beneficiaries have issues with mental health, home insecurity, frequent moves, and other issues that may affect compliance. The impact of missed medications can be significant for HIV patients, patients with mental health issues, and others. This is why DHCS has been opposed to a blanket removal of the automatic refill. If a pharmacy is willing to do automatic refill, Dr. Wofford proposes that they can ask the patient and set up the auto refill if the patient agrees. Pharmacies could review automatic refill status with the patient at specific time intervals, such as every six months or every year.

Mr. Walker said he feels that every six months or 12 months is reasonable. He thinks every month is too frequent. Dr. Stebbins and Dr. Lee both asked if the automatic refill policy would require patients to opt-in or opt-out. Dr. Wofford states that there is no current Medi-Cal policy on this and is uncertain about the State Board of Pharmacy policy on this topic. Dr. Leung stated that the patient should be considered, including what medications and other information on their profile (such as taking antidepressants, for example).

Dr. Young stated that Kaiser doesn't have an auto refill policy but Medicare does, so they follow that policy. Dr. Young suggested that it would be helpful if Medi-Cal policy is not disparate from Medicare policy.

Dr. Lisa Ashton (Johnson & Johnson) suggested using the cancel prescription option. She stated that it doesn't need to be set up – just needs to be adopted. This could be part of an outreach program where if a patient fails to pick up their meds, the provider would be notified. Dr. Marco Gonzales (UC Davis) stated that some of the worst pharmacies have patients on polypharmacy with duplicative therapy and it doesn't appear that a pharmacist has ever reviewed the profile. He suggested it would be nice if the pharmacist were required to review the profile and sign off before allowing automatic refill. Dr. Leung stated that other alerts should fire in those cases such as ingredient duplication, therapeutic duplication. Dr. Chan stated that automatic refill doesn't necessarily mean auto shipment and this would impact retail and mail order pharmacies differently. Dr. Wong stated that some medications work well with automatic refill, while others don't, such as warfarin.

Ms. Chan asked how the Board would like to proceed. Dr. Wong asked if this topic is ready for a motion or additional discussion. Mr. Walker suggested specifying a time point for review of automatic refill status. Dr. Paulson recommended more discussion and input before a vote. Dr. Paulson motioned to reassess the automatic refill issue at the November 2018 DUR Board meeting. The motion was seconded. There was no further discussion.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Dryjanski, Mowers, Zuniga

ACTION ITEM: The DUR Board recommendation to reassess the automatic refill issue at the November 2018 DUR Board meeting will be submitted to DHCS.

b. Presentation: Leveraging Technology to Address the Opioid Crisis – Linette Scott, MD, MPH, the Chief Medical Information Officer at DHCS described recent technological updates that have either just funded or are currently being used to combat the opioid abuse crisis, including the following:

- Electronic Health Record (EHR) Incentive Program (now referred to as the Promoting Interoperability Program) – funding and incentives provided for demonstrating meaningful use of certified EHR technology
- Health Information Exchange (HIE) Onboarding Program – enhanced funding is being provided for HIE onboarding for hospitals, physicians/physician practices, and connection to CURES, California's prescription drug monitoring program database
- Controlled Substance Utilization Review and Evaluation System (CURES) – recently updated and now can be embedded into the EHR (no longer have to log in separately once embedded)
- +EMS (Emergency Medical Services) – federal funds were approved in July 2018 to support HIE within Emergency Medical Services (EMS) and to improve transitions of care
- Patient Unified Lookup System for Emergencies (PULSE) – provides disaster healthcare volunteers with access to electronic health information for victims and evacuees

c. Health Plan Presentations – Lisa Ghotbi, PharmD and Jessica Shost, PharmD of the San Francisco Health Plan (SFHP) described two initiatives:

i. 7-Day Limit on Initial Short-Acting Opioid Prescriptions – Dr. Ghotbi and Dr. Shost described how SFHP developed a program to implement a 7-day limit on the initial prescription for short-acting opioids. They described how they used multiple strategies, including academic detailing, developing an FAQ for providers, and creating handouts for members, in order to get buy-in from prescribers. They even worked with their PBM to allow a bypass that was based on provider NPI or if a prior authorization was on file for the initial opioid prescription.

Dr. Lee stated she is in the middle of implementing a similar program and wondered if the program was implemented in a stepwise fashion or all at once. Dr. Ghotbi stated a tremendous amount of work was done before implementation and warned that while there was initial pushback from surgeons, once they provided evidence-based guidelines and other academic literature to support the policy they ended up having a relatively low number of physicians requesting exemptions.

ii. Home Blood Pressure Monitor Benefit Extension – Dr. Ghotbi and Dr. Shost summarized an ongoing program at SFHP to learn more about potential barriers to utilization of HBPMs. They discovered barriers exist with regards to pharmacy pricing of HBPM, tracking of patients with HBPMs, and providing sufficient patient training on the use of their HBPM.

Dr. Stebbins commented on the challenges of getting cuffs covered and paid for, with each plan covering a different brand of cuff. She had to create graphs to keep track of every cuff in order to keep an efficient workflow. Dr. Ghotbi suggested that plans should cover many more cuffs to allow the ability to select a specific monitor that will work best for each patient. Agreed it should not be one-size-fits all approach. Amit Khurana, PharmD (Aetna) commented via the webinar that she has noticed prior authorizations for HBPM are starting to come through easier.

d. Presentation: Million Hearts® Initiative – Desiree Backman, DrPH, MS, RD, DHCS, from the UC Davis Institute for Population Heath Improvement and the Chief Prevention Officer at DHCS described how they implemented a quality improvement collaborative to improve hypertension control and advance Million Hearts® among low-income Californians. She described how DHCS held quarterly webinars with MCPs from January-December 2015 to assist MCPs in sharing best practices and barriers. Through the collaborative, MCPs were linked to local, state, and national resources/leaders, internal subject matter experts, and had access to a shared webpage.

The collaborative used the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling High Blood Pressure (CBP) measure, defined as the percentage of members aged 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. CBP data were collected before and after the collaborative.

All participating MCPs had downward trends in CBP rates since 2009. At the baseline assessment in 2014, the CBP weighted average for all plans was 61.2%, and the average CBP rate among the 9 participating MCPs was 56.3% (range 43.1%-69.3%). During the intervention year (2015), 7 of 9 participating MCPs showed statistically significant improvements in CBP rates. The largest improvement was 14.6 percentage points, representing a 33.9% improvement, while the mean improvement was 5 percentage points During this same time period, there was a decrease from 64.8% to 59.1% for nonparticipating MCPs.

Dr. Backman also shared some contributors to the success of the program, including pay-for-performance to incentivize health centers and provider networks, provider education and outreach, improved data collection to assist in decision-making and practice, and improved patient engagement.

e. Presentation: AB1114 – Paul Pontrelli, PharmD from DHCS, Pharmacy Benefits Division shared recent developments on Assembly Bill 1114, which authorized selected pharmacy services as a Medi-Cal benefit and allowed reimbursement payments to be paid to pharmacies. He stated that State Plan Amendment (SPA) 18-0039 was submitted for federal approval on 9/14/18, with a proposed implementation date of 4/1/19.

f. Prospective DUR: Fee-for-Service

i. Review of DUR Alerts for New GCNs in 2Q2018 (April – June 2018): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than ER and DD are provided to the Board for review. At this meeting, the Board reviewed the alert profiles of the following GCNs:

- GCN #078238 and #078498: MITOMYCIN – Drug-Pregnancy (PG)
- GCN #078252: NILOTINIB HCL – Drug-Pregnancy (PG)
- GCNs #077567, #077568, and #077569: PITAVASTATIN MAGNESIUM – Drug-Pregnancy (PG) and Late Refill (LR)
- GCN #078131 and #078139: DIPHENHYDRAM/PE/DM/ACETAMIN/GG – Ingredient Duplication (ID), High Dose (HD)
- GCN #078224: LAMIVUDINE/TENOFOVIR DISOP FUM – Ingredient Duplication (ID)
- GCN #078254: EFAVIRENZ/LAMIVU/TENOFOV DISOP – Drug-Pregnancy (PG), Ingredient Duplication (ID)
- GCN #078264: PREDNISOLONE ACETATE/BROMFENAC – Drug-Pregnancy (PG)
- GCN #078286: DUTASTERIDE – Drug-Pregnancy (PG)

- GCN #078077: LEVONORGEST/ETH.ESTRADIOL/IRON – Drug-Pregnancy (PG), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078336: FENTANYL/BUPIVACAINE/NS/PF – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #075279: RITONAVIR – Ingredient Duplication (ID)
- GCN #027229: BACLOFEN – Additive Toxicity (AT)
- GCN #068888: MORPHINE SULFATE/0.9% NACL/PF – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCNs #078185, #078186, and #078187: AMANTADINE HCL – High Dose (HD), Low Dose (LD)
- GCN #078426: NORTRIPTYLINE HCL – Drug-Disease (MC), Therapeutic Duplication (TD), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078456: MORPHINE SULFATE – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078461: ABIRATERONE ACET,SUBMICRONIZED – Drug-Pregnancy (PG)
- GCNs #078432, #078433, #078034, #078435, and #078036: EPOETIN ALFA-EPBX
- – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078481: OMEPRAZOLE – Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #078487: TIMOLOL/DORZOLAMIDE/LATANOP/PF – Drug-Pregnancy (PG)
- GCN #078488: DORZOLAMIDE/TIMOLOL/PF – Drug-Pregnancy (PG)
- GCN #078497: TIMOLOL/BRIMONIDIN/DORZOLAM/PF – Drug-Pregnancy (PG)
- GCN #078505: TIMOLO/BRIMON/DORZO/LATANOP/PF – Drug-Pregnancy (PG)
- GCN #078532 and #078533: OXYCODONE HCL – Drug Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- GCN #067584: HYDROXYUREA – Drug-Pregnancy (PG)
- GCN #078504: TIMOLOL MALEATE/LATANOPROST/PF – Drug-Pregnancy (PG)
- GCN #078477 and #078477: ESTRADIOL – Drug-Pregnancy (PG), Drug-Disease (MC)

- A motion was made – and seconded – to accept these alert profile recommendations. There was no further discussion. The motion was carried.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Dryjanski, Mowers, Zuniga

ii. Alert Priority Order – Ms. Fingado stated that in the current prospective DUR system, when multiple alerts are generated for a prescription they are prioritized by therapeutic problem type according to the following hierarchy:
1. Drug-allergy conflict (DA)
2. Drug-pregnancy conflict (PG)
3. Drug-disease conflict (MC)
4. Drug-drug interaction (DD) – other pharmacy
5. Therapeutic duplication (TD)
6. Overutilization (ER)
7. Underutilization (LR)
8. Additive Toxicity (AT)
9. Ingredient Duplication (ID)
10. Drug-age conflict (PA)

11. Drug-drug interaction (DD) – same pharmacy
12. Incorrect dose (HD/LD/PHD/PLD)

The Board had no questions or suggested changes.

iii. Ingredient Duplication (ID) Alert Update

- EMTRICITABINE – Ms. Fingado stated that when the review of emtricitabine ingredient duplication (ID) alerts was presented at the September 2017 Board meeting the majority of the ID alerts (78%) was due to a switch from a regimen containing tenofovir disoproxil fumarate to a regimen containing tenofovir alafenamide. At that time, the Board recommended reviewing these data again in one year to see if regimens had stabilized and the total number of ID alerts had decreased. Ms. Fingado reported that a review of all ID alerts for emtricitabine between July 1, 2017, and June 30, 2018 had been completed. There was a total of 5,528 ID alerts for emtricitabine during this time period, a decrease of 26% when compared to the prior year. Ms. Fingado pointed out a spike in ID alerts after the FDA approved a new drug containing emtricitabine, with 23% of all ID alerts for emtricitabine due to patients switching to the new drug from a different drug containing emtricitabine.
- LITHIUM – Ms. Fingado reported that a review of all March 2018 prospective DUR alerts showed some formulations of lithium are still generating ID alerts, even when neither drug is a 300 mg formulation. A subsequent review in June 2018 revealed the problem was still ongoing, but just for 150 mg tablets. Ms. Fingado reported that as of August 2018, this issue has been fixed for the 150 mg tablets as well.

iv. Drug-Pregnancy (PG) Alert: Update – Ms. Fingado stated that the Board had recommended an annual review of drug-pregnancy (PG) alert to correct discrepancies. She stated that this annual review of all PG alerts and drugs was very time-consuming, and led to discrepancies when the severity level changed for a drug, especially within the timeframe just following the review. As a result, the PG alert is now on for all drugs (including new GCNs), effective September 2018. There was a precedence for this change with the drug-drug interaction (DD) alert, which has the alert on for all drugs, but alerts are only generated for severity level 1 interactions. An analysis of PG alert volume following the change showed there was no change in the total number of PG alerts generated. Ms. Fingado concluded that this change decreased the potential for errors, saves time, and is more effective at protecting pregnant beneficiaries.

g. DUR Educational Outreach to Providers: Fee-for-Service

i. Proposal: Additive Toxicity – Ms. Fingado proposed an educational letter to providers regarding the additive toxicity (AT) alert. The learning objectives for this educational letter are as follows:

- To identify beneficiaries at high-risk for adverse events associated with the use of certain opioid medications in combination with benzodiazepines and other CNS depressants
- To help inform health care providers and patients of the serious risks attributed to co-prescribing of opioids with CNS depressants, including benzodiazepines, non-benzodiazepine receptor agonists, and antipsychotics

The study population would include FFS beneficiaries that generate an AT alert for a combination of opioids, benzodiazepines, and other CNS depressants during a specific month. Prescribers will be sent a packet including patient profiles, the additive toxicity bulletin, information on naloxone, and a provider survey (for each patient). The primary outcome will be the total number of continuously-eligible beneficiaries without active paid claims for both opioids and benzodiazepines at six months following the mailing. The secondary outcome will be the total number of continuously-eligible beneficiaries with a paid claim for naloxone within the six months following the mailing.

A motion was made to complete an educational outreach to providers regarding the additive toxicity (AT) alert. There was no further discussion. The motion passed.

AYE: Albertson, Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Dryjanski, Mowers, Zuniga

ACTION ITEM: The DUR Board recommendations to conduct a DUR educational outreach to providers regarding the additive toxicity (AT) alert will be submitted to DHCS.

ii. Outcomes:

- Buprenorphine – Ms. Fingado reported that in 2016, the DUR program sent letters to the top 100 prescribers (by total quantity prescribed) of opioids without a current buprenorphine waiver. Within 12 months, a total of 5 providers completed the training and quantity of opioids prescribed by these providers decreased by 30%. In May 2018 the Board recommended a repeat of the mailing. On August 23, 2018, a total of 100 letters were mailed to top prescribers of opioids (by billed quantity) across all Medi-Cal (includes both FFS and MCP paid pharmacy claims) without a waiver to provide buprenorphine treatment. Final outcomes will be presented at the November 2019 Board meeting.
- NRT – Ms. Fingado reported that while the regulation allowing pharmacists in California to furnish NRT became effective over two years ago, claims data for the Medi-Cal fee-for-service program show limited adoption. On August 23, 2018, a total of 172 letters were mailed to pharmacies with a practice location in one of the top adult smoking rate counties in California, including Colusa, Del Norte, Fresno, Glenn, Lake, Mariposa, Merced, Shasta, Siskiyou, Stanislaus, Tehama, Trinity, Tulare, Tuolumne, and Yuba. Pharmacies were only mailed a letter if they had paid pharmacy claims for at least 100 Medi-Cal beneficiaries (FFS and MCP beneficiaries were included). Final outcomes will be presented at the November 2019 Board meeting.

iii. Updated Outcomes:

- Early Refill – Ms. Fingado reported on the final outcomes of the early refill mailing, which was sent on June 9, 2017. The objectives for this mailing were the following:
    - To assess the feasibility and acceptability of DUR educational outreach letters to pharmacies
    - To decrease the total volume of early refill overrides by pharmacies

  The final undeliverable rate was 0% and the final response rate was 29%. The primary outcome showed a 25% decrease in the number of ER alert overrides among the 100 pharmacies who received the mailing, compared with a 4% increase in ER overrides among all other pharmacies who did not receive mailing (n = 5,001). In addition, there was no statistically significant difference in paid claims among the pharmacies that received the letter, so the decrease in ER overrides cannot be attributed to a decrease in claim volume.
- Fluoroquinolones – Ms. Fingado reported on the final outcomes of the fluoroquinolone mailing, which was sent on August 2, 2017. The objectives for this mailing were the following:
    - To inform providers of the FDA-approved safety labeling changes for fluoroquinolones
    - To decrease the number of Medi-Cal patients receiving treatment with fluoroquinolones for acute bacterial exacerbation of chronic bronchitis, acute sinusitis, and uncomplicated UTI

  The final undeliverable rate was 15% and the final response rate was 10%. The primary outcome showed a 41% decrease in the number of paid claims for fluoroquinolone among prescribers who received the mailing (n = 85), compared with only a 16% decrease among prescribers who did not receive the mailing (n = 15). A similar difference was also seen among total utilizing beneficiaries, with a 39% decrease in utilizing beneficiaries with a paid claim for a fluoroquinolone observed among those providers who received the letter, compared with only a 5% decrease among providers who did not receive the letter.

h. Retrospective DUR

i. Review of FFS Physician Administered Drugs (PADs): 1Q2018 (January – March 2018) – Ms. Fingado showed the Board a summary of paid claims for physician-administered drugs paid through the Medi-Cal FFS program with dates of services between January 1, 2018, and March 31, 2018. These data were presented in three tables: 1) the top 20 drugs by utilizing beneficiaries, 2) the top 20 drugs by total reimbursement paid, and 3) the top 20 drugs by reimbursement paid per utilizing beneficiary.

ii. Quarterly Report: 2Q2018 (April – June 2018) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 2nd quarter of 2018, which includes both prospective and retrospective DUR data. For the first time, this quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, by Medi-Cal FFS enrollees only, and by Medi-Cal managed care plan (MCP) enrollees only (includes all carved-out drugs processed through the FFS program. Ms. Fingado also stated that this report now includes Medi-Cal fee-for-service paid claims from all eligible beneficiaries in the Family Planning, Access, Care, and Treatment (Family PACT) program and the California Children's Services/ Genetically Handicapped Persons Program (CCS/GHPP). The Board had several questions regarding the data presented in the new tables. Ms. Fingado stated that this is just the first report that is stratified with these data and she is open to suggestions for improvement.

iii. Review of FFS CCS/GHPP Drugs (FFY 2017) – Ms. Fingado presented a one-year summary of pharmacy claims data for beneficiaries enrolled in either the California Children's Services (CCS) Program or the Genetically Handicapped Persons Program (GHPP) that had paid pharmacy claims through the Medi-Cal fee-for-service program. These data were presented in three tables: 1) the top 20 drugs by utilizing beneficiaries, 2) the top 20 drugs by total reimbursement paid to pharmacies, and 3) the top 20 drugs by reimbursement paid to pharmacies per utilizing beneficiary. These data had not been presented previously.

iv. Review of Retrospective DUR Criteria: Hypertension Medication Adherence – Dr. Lynch reviewed the methodology used to measure adherence to hypertension medications and evaluated the use of home blood pressure monitoring (HBPM) devices among Medi-Cal beneficiaries (both FFS and MCP beneficiaries were included). All drug classes listed in the 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults as either primary or secondary agents were included in the analysis. Adherence to hypertension medication was measured using the proportion of days covered (PDC) method, with a PDC greater than or equal to 80% considered adherent. Pharmacy claims data were evaluated for the calendar year 2017. However, medical claims data were evaluated for a longer time frame (dates of service between January 1, 2012, and December 31, 2017), in order to determine if the frequency of paid claims for HBPM devices has changed over time.

Dr. Lynch reported on the percentage of the population that met the 80% adherent threshold within each separate drug class. Adherence rates were low, ranging from 19.8% of the study population without an ICD-10 code for hypertension that was using potassium-sparing diuretics to a high of 44.7%, which includes the study population with an ICD-10 code for hypertension that was using angiotensin II receptor blockers [ARBs]. Across all drug categories, adherence rates were higher when the beneficiary had a documented ICD-10 code for hypertension. However, adherence rates were low across all categories, even in comparison to other studies that evaluated adherence to antihypertensive in the Medicaid population.

Dr. Ghotbi agreed these rates seemed very low and questioned whether there might be issues with the data analysis. Ms. Fingado stated she would complete additional reviews of the data before publication as part of an educational bulletin.

Dr. Lynch also reported that home blood pressure monitoring device utilization has been increasing steadily over time, however having a paid claim for an HBPM was not

correlated with greater adherence to antihypertensive medications. Ms. Fingado noted that this analysis does not include any pharmacy claims for HBPM devices, so these data are incomplete.

i. Review of DUR Publications presented by Dr. Lynch

i. Bulletin (July 2018): Additive Toxicity – Dr. Lynch let the Board know that the DUR educational bulletin entitled, "ProDUR Update: Additive Toxicity Alert Now Focused Only On CNS Depressants" published in July 2018.

ii. Alert (July 2018): Fluoroquinolones – Dr. Lynch let the Board know that the DUR educational alert entitled, "Drug Safety Communication: Adverse Effects from Fluoroquinolone Antibiotics" published in July 2018.

iii. Discussion/Recommendations for Future Educational Bulletins – The calendar for future DUR educational bulletins was reviewed. Dr. Lynch reported that three educational articles are currently in progress: 1) an alert regarding the mandatory CURES consultation requirement; 2) the annual vaccine bulletin; and 3) a bulletin reviewing latent tuberculosis infection (LTBI), including updates to recommended treatment regimen.

In addition, Dr. Lynch also described an update that was made to a clinical recommendation in the QT-Prolongation bulletin, which was published in August 2017. Dr. Paulson motioned that changes to existing bulletins should be brought for discussion to the DUR Board. The motion was seconded. There was no further discussion. The motion passed.

AYE: Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Albertson, Dryjanski, Mowers, Zuniga

ACTION ITEM: The DUR Board recommendation that changes to existing bulletins must be brought for discussion to the DUR Board will be submitted to DHCS.

Dr. Lynch also let the Board know that a disclaimer has been added to the DUR Web page that provides links to the educational articles. The disclaimer specifies that the articles are the result of analyses carried out by the Global Medi-Cal DUR Program and are not official policies of the Department of Health Care Services (DHCS). This disclaimer will also be added to the top of the articles.

Ms. Chan stated that it was determined that sending out educational articles to the entire Board for feedback outside of the public meeting is not in keeping with the guidelines of the Bagley-Keene Open Meeting Act. She proposed that for future articles the Board Chair could assign one or two Board members to review each article. Board members could select topics that are of interest to them or where they have expertise. Dr. Paulson motioned that the DUR Board Chair will assign one or two Board members to review each educational bulletin prior to publication. The motion was seconded. There was no further discussion. The motion passed.

AYE: Blatt, Chan, Dhanvanthari, Leung, Liu, McBride, Paulson, Stafford, Stebbins, Walker, Wong, Young
NAY: None
ABSTAIN: None
ABSENT: Albertson, Dryjanski, Mowers, Zuniga

ACTION ITEM: The DUR Board recommendation that the DUR Board Chair will assign a Board member to review each educational bulletin prior to publication will be submitted to DHCS.

	Ms. Fingado then asked if this process could start with the upcoming LTBI article (the other two articles in progress have already been submitted for publication). Dr. Wong assigned Dr. Albertson and Dr. Leung to review the LTBI article. Dr. Wong stated he would also like to review the bulletin before publication. **j.** DUR Annual Report to CMS for FFY 2018: Managed Care Survey Questionnaire – Dr. Dhanvanthari and Kristen Tokunaga, PharmD from Health Plan of San Joaquin presented highlights and lessons learned from their experience trying to complete the FFY 2018 DUR Annual Report to CMS. The presentation provided general tips for MCPs and focused on selected questions they found to be more challenging as they completed the report. They incorporated sections from the companion guide that DHCS developed throughout their presentation, creating yet another helpful resource for MCPs as they complete their first report. **k.** FFY 2018 DUR Annual Report to CMS: Companion Guide/FAQ: Ms. Chan summarized the *Medicaid Managed Care Organization Drug Utilization Review Annual Report Companion Guide*, which was developed by DHCS to provide guidance and assistance to MCPs in completing their FFY 2018 annual report. Ms. Chan stated that as MCPs begin to work on their reports, she would appreciate any feedback regarding ways to improve the companion guide and any suggestions for additions to the FAQ section located at the end of the guide. **l.** Pharmacy Update presented by Pauline Chan i. Hepatitis C policy revision – Ms. Chan summarized the updated Treatment Policy for the Management of Chronic Hepatitis C, which became effective July 1, 2018. The notable change to the policy is that it allows treatment to all patients 13 years of age and older with Hepatitis C virus (HCV) infection, regardless of liver fibrosis stage or co-morbidity (with an exception for patients with a life expectancy of less than 12 months). ii. Prescription Drug Overdose Prevention Initiative – Ms. Chan described the statewide overarching strategy for the initiative, which includes safe prescribing, access to treatment, naloxone distribution, a public education campaign, and data informed and driven interventions. She provided the link to the Opioid Overdose Surveillance Dashboard, which includes data from multiple state agencies. Ms. Chan stated that the goals of the initiative include increasing the number of active buprenorphine prescribers, increasing the number of naloxone claims, decreasing all-cause overdose mortality, reducing the concomitant use of benzodiazepines and opioids, and reducing opioid claims > 90 mg MEDD. iii. Academic Detailing – Ms. Chan provided feedback and testimony from participants involved in three academic detailing trainings held recently in California. She also updated the Board on the consensus workshop items developed during the Second Annual DHCS Academic Detailing conference, which was held in October 2017. iv. Dissemination of DUR Educational Bulletins – Ms. Chan provided several recent examples of how MCPs are disseminating the DUR educational bulletins. v. ADURS Recommended Minimum Standards – Ms. Chan reported that CMS is considering setting minimum standards for Medicaid DUR programs. She also shared the list of recommendations established by the American Drug Utilization Review Society (ADURS) for both prospective and retrospective DUR. vi. Future meeting agenda topics – Ms. Chan stated that future agenda will include more information about prospective DUR alerts, the pharmacy reimbursement project, CURES, and medication-assisted treatment for opioid addiction. **m.** Recap of today's action items – Ms. Chan reported that today's action items for managed care health plans would be distributed as soon as possible. **n.** Looking ahead: Call for future meeting agenda – Ms. Chan requested future meeting agenda items to be shared with her on an ongoing basis.

5) PUBLIC COMMENTS	• None
6) CONSENT AGENDA	• The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on November 27, 2018, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814.

7) ADJOURNMENT	• The meeting was adjourned at 3:05 p.m.

Action Items	**Ownership**
Incorporate Dr. Wong's edits into the May 22, 2018 minutes and post to the DUR website.	Amanda
The DUR Board recommendation to approve the Global Medi-Cal DUR Board General Meeting Guidelines will be submitted to DHCS.	Pauline
The DUR Board recommendation to reassess the automatic refill issue at the November 2018 DUR Board meeting will be submitted to DHCS.	Pauline
The DUR Board recommendation to reassess the DUR Board priorities at the November 2018 DUR Board meeting will be submitted to DHCS.	Pauline
The DUR Board recommendations to conduct a DUR educational outreach to providers regarding the additive toxicity (AT) alert will be submitted to DHCS.	Amanda
The DUR Board recommendation that changes to existing bulletins must be brought for discussion to the DUR Board will be submitted to DHCS.	Amanda/ Shal
The DUR Board recommendation that the DUR Board Chair will assign a Board member to review each educational bulletin prior to publication will be submitted to DHCS.	Amanda/ Shal